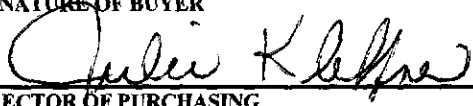
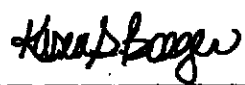




## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

*MISC*  
*RFP 300349 01700042*

CONTRACT NUMBER CS170042007	CONTRACT TITLE Alternatives to Abortion Program Services
AMENDMENT NUMBER Amendment #002	CONTRACT PERIOD July 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER NR 886 DFA18000005	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 43065265000/MB00091282
CONTRACTOR NAME AND ADDRESS LUTHERAN FAMILY AND CHILDRENS SERVICES OF MISSOURI 9666 OLIVE BOULEVARD SUITE 400 SAINT LOUIS MO 63132-3025	STATE AGENCY'S NAME AND ADDRESS Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:  Contract CS170042007 is hereby amended pursuant to the attached amendment #002, dated 08/15/17.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a> Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 8-22-17
DIRECTOR OF PURCHASING  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042007  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LUTHERAN FAMILY AND CHILDRENS  
SERVICES OF MISSOURI  
9666 OLIVE BOULEVARD SUITE 400  
SAINT LOUIS MO 63132-3025

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Lutheran Family and Children's Services of Missouri	MB00091282
MAILING ADDRESS	
9666 Olive Boulevard, Suite 400	
CITY, STATE, ZIP CODE	
Saint Louis, MO 63132	

CONTACT PERSON	EMAIL ADDRESS
Kristen Setterlund	<a href="mailto:KristenS@lfcs.org">KristenS@lfcs.org</a>
PHONE NUMBER	FAX NUMBER
314-754-2740	314-534-1588
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/15/17
PRINTED NAME	TITLE
Christine Corcoran	Director of Foster Care and Permanency

**AMENDMENT #002 TO CONTRACT CS1700420007****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
 Division of Finance and Administrative Services  
 221 W. High Street, Room 310  
 Post Office Box 1082  
 Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 1	\$ <u>254,665.69</u> ( <i>\$254,665.69</i> )	maximum annual total price
Geographic Region 3	\$ <u>289,190.44</u> ( <i>\$296,170.05</i> )	maximum annual total price
Geographic Region 4	\$ <u>184,789.44</u> ( <i>\$184,789.44</i> )	maximum annual total price
Geographic Region 6	\$ <u>464,039.97</u> ( <i>\$464,039.97</i> )	maximum annual total price
Geographic Region 7	\$ <u>252,911.13</u> ( <i>\$252,911.13</i> )	maximum annual total price
Geographic Region 9	\$ <u>129,089.16</u> ( <i>\$129,089.16</i> )	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

**Agency:** Lutheran Family and Children's Services of Missouri - Region I

**Contract Number:**  
CS170042007

**Revenue**

**Federal (TANF)**

Revenue Request

\$ 246,039.00

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ 18,249.00

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ 132,139.00

Employee Benefits

\$ 26,428.00

Employee Travel

\$ 2,400.00

Employee Training

\$ 1,643.00

Office Rent/Space

\$ 5,000.00

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ 4,800.00

Equipment ( Capital Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 1,080.00

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

Case Management Software

\$ 9,000.00

**Total Direct Administrative Cost**

\$ 182,490.00

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 182,490.00

**Participant Services**

**Federal (TANF)**

Transportation

\$ 12,150.00

Job Training

\$ -

Utility Assistance

\$ 4,950.00

Housing Assistance

\$ -

Clothing

\$ 900.00

Supplies

\$ 22,950.00

Food

\$ 450.00

Other Services

\$ 900.00

Prenatal Education/Parenting Classes

\$ 3,000.00

**Total Participant Costs**

\$ 45,300.00

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of Lutheran Family and Children's Services**

**Date**

*Christie Carver*

8-15-17

**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

**Agency:** Lutheran Family and Children's Services - Region 3

**Contract Number:**  
CS170042007

**Revenue**

**Federal (TANF)**

Revenue Request

\$ 228,492.40

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ 17,488.40

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ 125,276.00

Employee Benefits

\$ 25,055.00

Employee Travel

\$ 3,600.00

Employee Training

\$ 913.00

Office Rent/Space

\$ 10,000.00

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ 500.00

Equipment ( Capital Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 540.00

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

Case management software

\$ 9,000.00

**Total Direct Administrative Cost**

\$ 174,884.00

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 174,884.00

**Participant Services**

**Federal (TANF)**

Transportation

\$ 2,160.00

Job Training

\$ 14,040.00

Utility Assistance

\$ 1,080.00

Housing Assistance

\$ 2,520.00

Clothing

\$ 12,960.00

Supplies

\$ 720.00

Food

\$ 1,440.00

Other Services

\$ 1,200.00

Prenatal Education/Parenting Classes

\$ 36,120.00

**Total Participant Costs**

\$ 36,120.00

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of Lutheran Family and Children's Services**

**Date**

*Christa Brown*

8-15-17

**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

**Agency:** Lutheran Family and Children's Services of Missouri - Region 4

**Contract Number:**  
CS1700420007

**Revenue**

**Federal (TANF)**

Revenue Request

\$ 103,764.79

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

10%

**Total Indirect Administrative Costs**

\$ 8,614.80

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ 52,122.00

Employee Benefits

\$ 13,569.00

Employee Travel

\$ 3,155.00

Employee Training

\$ -

Office Rent/Space

\$ 13,500.00

Office Utilities

\$ 1,013.00

Facility Insurance

\$ 43.00

Office Supplies (under \$5,000)

\$ -

Equipment (Capital Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 2,221.00

Office Repairs and Maintenance

\$ 525.00

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ 86,148.00

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 86,148.00

**Participant Services**

**Federal (TANF)**

Transportation

\$ 347.17

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ 2,918.03

Emergency Shelter

\$ 354.30

Housing Assistance

\$ 4,928.24

Food

\$ 65.24

Supplies

\$ 83.94

Clothing

\$ 66.63

Other Requests

\$ 238.44

(add others as needed)

\$ -

**Total Participant Costs**

\$ 9,001.99

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of Lutheran Family and Children's Services

Date



8-15-17

**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

Agency: Lutheran Family and Children's Services of Missouri - Region 6

Contract Number:  
CS1700420007

**Revenue**

Federal (TANF)

Revenue Request

\$ 544,354.54

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

10%

**Total Indirect Administrative Costs**

\$ 36,640.10

**Direct Administrative Costs**

Federal (TANF)

Program Salaries and Wages

\$ 243,082.59

Employee Benefits

\$ 56,674.93

Employee Travel

\$ 23,343.66

Employee Training

\$ 777.68

Office Rent/Space

\$ 23,893.40

Office Utilities

\$ 2,425.15

Facility Insurance

\$ 2,328.23

Office Supplies (under \$5,000)

\$ 4,392.03

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 850.47

Office Repairs and Maintenance

\$ 1,981.28

Contract/Consulting

\$ 3,416.19

Other (list):

Postage

\$ 402.00

Printing and Advertising

\$ 323.00

Meetings

\$ 485.00

Staff Non-Educational

\$ 54.00

Dues

\$ 81.00

Professional Insurance

\$ 562.00

Board Meals and Miscellaneous

\$ 144.00

Program Supplies

\$ 44.48

Allocated Admin-Assessments

\$ 1,139.92

**Total Direct Administrative Cost**

\$ 366,401.01

Less:

Equipment (Capitol Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 366,401.01

**Participant Services**

Federal (TANF)

Transportation

\$ 1,686.06

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ 108,000.00

Utility Assistance

\$ 10,212.70

Emergency Shelter

\$ 868.33

Housing Assistance

\$ 18,136.48

Food

\$ 159.88

Supplies

\$ 1,502.32

Clothing

\$ 163.30

Other Requests

\$ 584.36

(add others as needed)

\$ -

**Total Participant Costs**

\$ 141,313.43

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of Lutheran Family and Children's Services

Date

*Christa Brown*

8-15-17



**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

**Agency:** Lutheran Family and Children's Services of Missouri - Region 7

**Contract Number:**  
CS1700-420007

**Revenue**

**Federal (TANF)**

Revenue Request

\$ 193,874.50

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

10%

**Total Indirect Administrative Costs**

\$ 13,443.50

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ 100,559.00

Employee Benefits

\$ 22,835.00

Employee Travel

\$ 5,315.00

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ 1,558.00

Facility Insurance

\$ 791.00

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 1,284.00

Office Repairs and Maintenance

\$ 2,093.00

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ 134,435.00

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 134,435.00

**Participant Services**

**Federal (TANF)**

Transportation

\$ 1,773.89

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ 14,909.79

Emergency Shelter

\$ 1,810.33

Housing Assistance

\$ 25,181.01

Food

\$ 333.32

Supplies

\$ 428.90

Clothing

\$ 340.46

Other Requests

\$ 1,218.30

(add others as needed)

\$ -

**Total Participant Costs**

\$ 45,996.00

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of Lutheran Family and Children's Services**

**Date**



8-15-17

**A2A Proposed Budget for Program Year July 1, 2017 - June 30, 2018**

**Agency:** Lutheran Family and Children's Services of Missouri - Region 9

**Contract Number:**  
CS1700420007

**Revenue**

**Federal (TANF)**

Revenue Request

\$ 258,160.60

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

10%

**Total Indirect Administrative Costs**

\$ 19,132.11

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ 142,853.07

Employee Benefits

\$ 28,315.99

Employee Travel

\$ 11,189.45

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ 1,952.00

Facility Insurance

\$ 1,311.00

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ 4,168.54

Office Repairs and Maintenance

\$ 1,531.00

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ 191,321.05

**LESS:**

Equipment (Capitol Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ 191,321.05

**Participant Services**

**Federal (TANF)**

Transportation

\$ 1,691.63

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ 14,218.37

Emergency Shelter

\$ 1,726.38

Housing Assistance

\$ 24,013.28

Food

\$ 317.86

Supplies

\$ 4,253.45

Clothing

\$ 324.67

Other Requests

\$ 1,161.80

(add others as needed)

\$ -

**Total Participant Costs**

\$ 47,707.44

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of Lutheran Family and Children's**

**Date**

Services

*Christie Curran*

8-15-17

## Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) by the Contractor only.*

Authorized person requesting purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_ Denied \_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Missouri Office of Administration**

**A2A Quarterly Expenditure Report**

<b>Agency:</b> [Insert Agency Name]	<b>Contract Number:</b>
-------------------------------------	-------------------------

*Program Year July 1, 2017 - June 30, 2018*

**Revenue**

<b>Revenue Request</b>	<b>Federal (TANF)</b>
	\$ -

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

<b>Application Base:</b>	\$ -
<b>Federally Negotiated Indirect Cost Rate (FNICR): %</b>	0.00%
<b>Total Indirect Administrative Costs</b>	\$ -

**OR**

**Option 2: 10% De Minimus (use if no FNICR)**

<b>Application Base: Modified Total Direct Administrative Cost</b>	\$ -
	10%
<b>Total Indirect Administrative Costs</b>	\$ -

**Direct Administrative Costs**

<b>Program Salaries and Wages</b>	<b>Federal (TANF)</b>
Employee Benefits	\$ -
Employee Travel	\$ -
Employee Training	\$ -
Office Rent/Space	\$ -
Office Utilities	\$ -
Facility Insurance	\$ -
Office Supplies (under \$5,000)	\$ -
Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
Office Communications	\$ -
Office Repairs and Maintenance	\$ -
Contract/Consulting	\$ -
Other (list):	\$ -
(add other categories as needed)	\$ -
<b>Total Direct Administrative Cost</b>	\$ -

**Less:**

<b>Equipment (Capital Equipment over the \$5,000 threshold)</b>	0
<b>Contracting/Consulting (amount of each contract service over \$25,000)</b>	0
<b>Other based on definition</b>	0

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

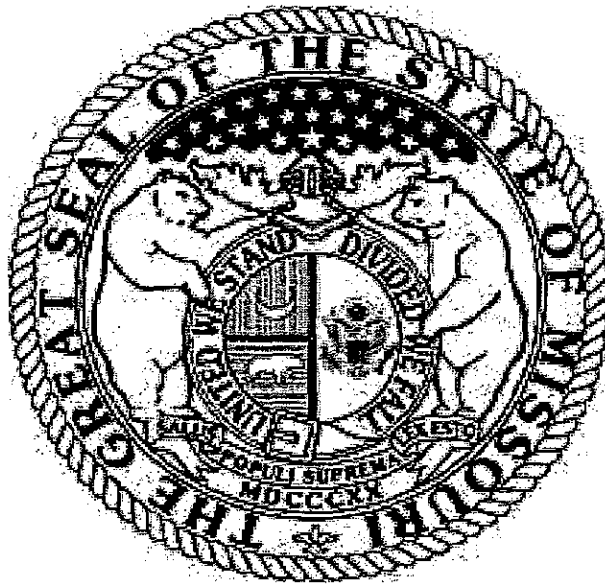
**Participant Services**

<b>Transportation</b>	<b>Federal (TANF)</b>
Job Training	\$ -
Tuition Assistance	\$ -
Contracted Residential Care	\$ -
Utility Assistance	\$ -
Emergency Shelter	\$ -
Housing Assistance	\$ -
(add others as needed)	\$ -
<b>Total Participant Costs</b>	\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of [Insert Agency Name]**

**Date**




**State of Missouri**  
**OFFICE OF ADMINISTRATION**

Division of Purchasing  
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

# MEMORANDUM

Office of Administration  
Division of Purchasing

**TO:** Laura Ortmeyer  
**FROM:** Julie Kleffner   
**DATE:** July 19, 2017  
**RE:** Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

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**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

In response to (2), funding allocation approximate percentage was taken from section 3.3.2 of the RFP. This percentage was multiplied against the total funding allocation available for FY18 (HB11, section 11.120, lines 4 through 6) which gave the amount of funding for each of the 9 regions. Each region amount was based on # of awards made for each region as outlined in subsection of 3.3.2. Determination on who received the highest percentage is based on ranking from the evaluation process.

Please let me know if there is any additional information needed.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**From:** Kleffner, Julie

**Sent:** Wednesday, July 19, 2017 1:05 PM

**To:** Morrison, Mary Ann

**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

I will get something drafted for your review.

Please provide (1) an explanation (e-mail/memo) explaining why funds have increased and (2) an explanation how funding for each contractor was determined for inclusion in the contract file.

Thank you

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**From:** Morrison, Mary Ann

**Sent:** Wednesday, July 19, 2017 12:50 PM

**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Ortmeyer, Laura <[Laura.Ortmeyer@oa.mo.gov](mailto:Laura.Ortmeyer@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In reference to NR 886 DFA18000005, please renew Alternatives to Abortion contracts/ CS170042001-009. The attached backup documentation includes the amendment verbiage, updated attachments and FY18 budget amounts for each contract (column I).

Prior to sending out for signature, please provide a copy of the amendment for program review.

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**

Missouri Department of Social Services

Division of Finance & Administrative Services

615 Howerton Court

P.O. Box 1643

Jefferson City, MO 65102-1643



Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov) or by phone at 573-526-3433.

**Kleffner, Julie**

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**From:** Abigail Chisom <abigail@pscledbanon.org>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,  
Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.  
Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,  
Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**Kleffner, Julie**

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**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 3:51 PM  
**To:** Kleffner, Julie  
**Subject:** RE: A2A LFCS  
**Attachments:** CS170042007-002 (LFCS - FY18) APPROVED 8-16-17.pdf

Please see attached approved amendment and budget. Please let me know if this is what you need.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**From:** Kleffner, Julie  
**Sent:** Wednesday, August 16, 2017 3:47 PM  
**To:** Morrison, Mary Ann  
**Subject:** FW: A2A LFCS

This is very confusing. I have no idea which of these is the final approved version. Please only attached the final approved documents. Thank you.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 3:42 PM  
**To:** Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** FW: A2A LFCS

Please see attached.  
Thank you.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, August 16, 2017 3:42 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: A2A LFCS

Mary Ann,  
Please find attached the "APPROVED" budget for Lutheran Family and Childrens Services of Missouri (LFCS).

The original documents received did not include the budget breakdown for each region, thus this was requested from LFCS. Once the breakdowns were received one of the calculations was incorrect and needed to be fixed, plus the documents said they were Quarterly Expenditure Reports and not budgets so this language had to be removed. All original documents are attached.

Thanks.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 15, 2017 10:11 AM  
**To:** Benne, Joy  
**Subject:** FW: A2A LFCS

Please review and advise if acceptable.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, August 15, 2017 10:10 AM  
**To:** Morrison, Mary Ann  
**Subject:** A2A LFCS

Please review and advise if acceptable to proceed.

Thanks

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042007  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LUTHERAN FAMILY AND CHILDRENS  
SERVICES OF MISSOURI  
9666 OLIVE BOULEVARD SUITE 400  
SAINT LOUIS MO 63132-3025

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Lutheran Family and Children's Services of Missouri	MB00091282
MAILING ADDRESS	
9666 Olive Boulevard, Suite 400	
CITY, STATE, ZIP CODE	
Saint Louis, MO 63132	

CONTACT PERSON	EMAIL ADDRESS
Kristen Setterlund	<a href="mailto:KristenS@lfcs.org">KristenS@lfcs.org</a>
PHONE NUMBER	FAX NUMBER
314-754-2740	314-534-1588
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/14/17
PRINTED NAME	TITLE
Christine Corcoran	Director of Foster Care and Permanency

**AMENDMENT #002 TO CONTRACT CS1700420007****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 1	\$ <del>254,665.69</del> ( <del>\$254,665.69</del> )	maximum annual total price
Geographic Region 3	\$ <del>296,170.05</del> ( <del>\$296,170.05</del> )	maximum annual total price
Geographic Region 4	\$ <del>184,789.44</del> ( <del>\$184,789.44</del> )	maximum annual total price
Geographic Region 6	\$ <del>464,039.97</del> ( <del>\$464,039.97</del> )	maximum annual total price
Geographic Region 7	\$ <del>252,911.13</del> ( <del>\$252,911.13</del> )	maximum annual total price
Geographic Region 9	\$ <del>129,089.16</del> ( <del>\$129,089.16</del> )	maximum annual total price

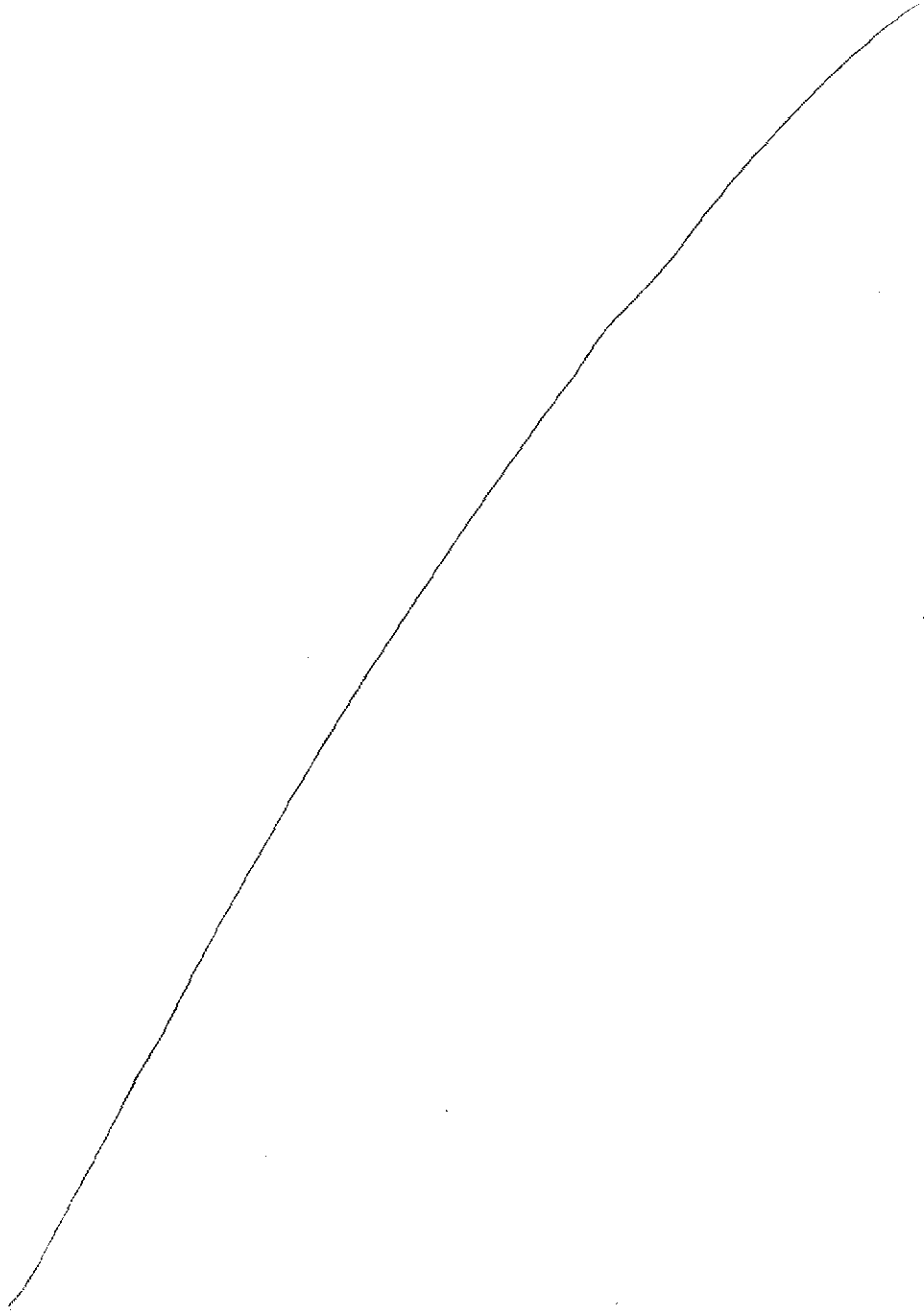
The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:**

The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.





## **Budget Narrative for Amendment #002 to Contract CS1700420007**

### **Geographic Region 1**

With the proposed additional funds we would expand our program by serving an additional 75 clients, with a focus on serving the rural communities where limited social services exist. We are also proposing to cover the costs associated with the staff for serving these additional clients, in addition to slightly increasing our participant services, as in the prior year these were lower and did not come close to covering the need.

### **Geographic Region 3**

The proposed additional funds will be used to cover more of the existing costs of delivering services. These include increased supervision of case managers, applicable training for case managers as it relates to the required education of clients, increased direct client assistance funding to meet the various urgent and household stability needs, and a prorated amount for the agency's case management and tracking software.

### **Geographic Region 4**

The proposed additional funds will be used to cover more of the existing costs of delivering services. These include increased supervision of case managers, applicable training for case managers as it relates to the required education of clients, and increased direct client assistance funding to meet the various urgent and household stability needs.

### **Geographic Region 6**

With the proposed additional funds we would expand our program by serving an additional 20 clients, with a focus on serving St. Louis City and other communities outside of St. Louis County. We are also proposing to cover the costs associated with the staff for serving these additional clients, in addition to slightly increasing our participant services and residential treatment costs.

### **Geographic Region 7**

With the proposed additional funds we would expand our program by serving an additional 56 clients, with a focus on serving the rural communities surrounding the Springfield area and Jasper County. We are proposing to cover the costs associated with the staff for serving these additional clients, in addition to slightly increasing our participant services.

### **Geographic Region 9**

With the proposed additional funds we would expand our program by serving an additional 64 clients, with a focus on serving the rural communities where there are limited social service supports. We are proposing to cover the costs associated with the staff for serving these additional clients, in addition to slightly increasing our participant services.

## Temmen, Donna

---

**From:** Temmen, Donna  
**Sent:** Thursday, August 03, 2017 8:28 AM  
**To:** 'Kristen M. Setterlund, MSW, LCSW'  
**Subject:** RE: Amendment #002 to Contract CS170042007

Thank you but we only received the first page of the amendment. We need page 2 back that contains prices that you need to fill out and return to us.

Donna Temmen

**From:** Kristen M. Setterlund, MSW, LCSW [mailto:KristenS@LFCS.org]  
**Sent:** Wednesday, August 02, 2017 4:24 PM  
**To:** Temmen, Donna <Donna.Temmen@oa.mo.gov>  
**Cc:** Morrison, Mary Ann <MaryAnn.Morrison@dss.mo.gov>  
**Subject:** RE: Amendment #002 to Contract CS170042007

Hello,  
Attached is our signed contract amendment for the Alternatives to Abortion Contract.  
Thank you,  
Kristen



**Kristen M. Setterlund, MSW, LCSW**  
Program Manager  
Lutheran Family and Children's Services of Missouri

9666 Olive Boulevard  
Suite 400 | St. Louis, MO 63132  
Direct: 314-754-2740 | Fax: 314-292-8519 | Mobile: 314-281-1121  
| Toll Free: 1-866-326-LFCS (5327)  
KristenS@LFCS.org | [www.lfcsmo.org](http://www.lfcsmo.org)

PROUD MEMBER OF



**From:** Temmen, Donna [mailto:Donna.Temmen@oa.mo.gov]  
**Sent:** Tuesday, August 01, 2017 11:46 AM  
**To:** Kristen M. Setterlund, MSW, LCSW <KristenS@LFCS.org>  
**Cc:** Morrison, Mary Ann <MaryAnn.Morrison@dss.mo.gov>  
**Subject:** Amendment #002 to Contract CS170042007

Attached is a copy of an amendment for CS170042007 for Alternatives to Abortion Program Services for the State of Missouri. Please print the amendment, complete the necessary information (including signature), and return it via fax, scanned and email, or by mail as soon as possible.

**IMPORTANT NOTICE:** The Division of Purchasing is now using MissouriBUYS as its new bid posting and automated notification site. MissouriBUYS is the State of Missouri's web-based statewide eProcurement system which is powered by WebProcure, through our partner, Perfect Commerce.

All vendors who currently (or in the future) sell products and/or services to the state will be *required* to register their business with the Office of Administration through MissouriBUYS. The vendor registration portal for registering your business is available from the MissouriBUYS website at <https://missouribuyss.mo.gov>. If you have not already done so, please register on the MissouriBUYS website so that you don't miss receiving automated bid opportunity notifications from the state's central purchasing office (i.e. Division of Purchasing).

Thank you for being a valuable vendor to our state!

*Donna Temmen*  
*Services Section - Senior Office Support Assistant*  
*OA, Division of Purchasing*  
*PO Box 809*  
*Jefferson City MO 65102*  
*(573) 751-1697*  
*Fax: (573) 526-9816*  
*E-mail: [donna.temmen@oa.mo.gov](mailto:donna.temmen@oa.mo.gov)*

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STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042007  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LUTHERAN FAMILY AND CHILDRENS  
SERVICES OF MISSOURI  
9666 OLIVE BOULEVARD SUITE 400  
SAINT LOUIS MO 63132-3025

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Lutheran Family and Children's Services of Missouri	MB00091282
MAILING ADDRESS	
9666 Olive Boulevard, Suite 400	
CITY, STATE, ZIP CODE	
Saint Louis, MO 63132	

CONTACT PERSON	EMAIL ADDRESS
Kristen Setterlund	<a href="mailto:KristenS@lfcs.org">KristenS@lfcs.org</a>
PHONE NUMBER	FAX NUMBER
314-754-2740	314-534-1588
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/2/17
PRINTED NAME	TITLE
Christine Corcoran	Director of Foster Care and Permanency

Revised 08/17/15

NR 886 DFA 18 000005

<b>1. Indicate Contract Amendment Type</b>									
RENEWAL: <u>1</u>		PERIOD OF <u>3</u>		TOTAL					
<input type="checkbox"/> Renewal - % Increase		<input type="checkbox"/> Cost Savings		Performance Security Deposit: \$ _____					
<input type="checkbox"/> Renewal - \$ Increase		<input type="checkbox"/> Cost Savings		Surety Bond: \$ _____					
<input type="checkbox"/> Renewal - W/O Increase				Annual Wage Order Number: _____					
<input type="checkbox"/> SFS Renewal - Prices In Original Contract				Annual Wage Order Date: _____					
<input type="checkbox"/> SFS Renewal - Prices Not in Original Contract				County(ies): _____					
<b>EXTENSION PERIOD:</b>									
<input type="checkbox"/> Extension - 30-Day									
<input type="checkbox"/> Termination									
<input type="checkbox"/> Extension - \$ Increase		<input type="checkbox"/> Cost Savings		Other Instructions: _____					
<input type="checkbox"/> Extension - W/O Increase									
<input type="checkbox"/> Assignment									
<input type="checkbox"/> Cancellation/Termination									
<input checked="" type="checkbox"/> Other Amendment									
<b>2. Preliminary Tasks/Verifications</b>									
A. Section 34.040.6, RSMo				Buyer/Section Support		DT		7-31-17	
B. Purchasing Suspension List				Buyer/Section Support		DT		7-31-17	
C. Federal Suspension - SAM.GOV				Buyer/Section Support		DT		7-31-17	
D. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support					
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 <sup>st</sup> Renewal - Blind/Shel Wkshp Affdvt				Buyer					
F. SFS Review/Justification - Insert Advertising Date, if applicable				Buyer					
<b>3. Prepare Contract Amendment</b>				Buyer/Section Support		DT		7-31-17	
<b>4. Review/Approve Contract Amendment (If Signature Required)</b>				Buyer		OK		7-31-17	
Initial Date		Supervisor		Section Manager		Asst Director		Director	
				LO 8/1/17					
<b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>				Buyer/Section Support		DT		8-1-17	
Contractor E-Mail Address/Fax Number				Kristens01fcs.org					
State Agency Contact E-Mail Address				Mary Ann Morrison					
Section 34.040.6, RSMo, Letter				Follow-Up Notes:					
<b>6. Review Contract Amendment Response - Verifications</b>									
A. Renewal/Extension Pricing				Buyer/Section Support					
B. Section 34.040.6, RSMo				Buyer/Section Support					
C. Performance Security Deposit/Surety Bond				Buyer/Section Support					
D. Renewal/Extension with Cost Savings Language				Buyer					
E. Statewide Notice				Buyer					
F. SFS Authorized Limit \$				Buyer					
<b>G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.</b>									
1. E-Verify Exhibit/Affidavit/Documentation				Buyer/Section Support					
2. Assignment and Consent Form				Buyer/Section Support					
3. Purchasing Suspension List				Buyer/Section Support					
4. Federal Suspension - SAM.GOV				Buyer/Section Support					
5. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support					
<b>7. Prepare Contract Amendment Award Document/Statewide Notice</b>				Buyer/Section Support		OK		8-22-17	
<b>8. Review/Approve Contract Amendment Award Document</b>				Buyer		OK		8-22-17	
Initial Date		Supervisor		Section Manager		Asst Director		Director	
				LO 8/22/17					
<b>9. Process Contract Amendment</b>				Buyer/Section Support		DT		8-25-17	
AM 300 PMM 00076393				Buyer/Section Support		DT		8-25-17	
Distribute E-Verify & SDV Documents				Buyer/Section Support					
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact				Buyer/Section Support		DT		8-25-17	
Copy/Save As Statewide Notice to Internet Folder				Buyer/Section Support					
<b>10. Log Participation Commitment Information</b>				Central Support-Participation					
<b>11. Image Contract Amendment Packet</b>				Central Support-Imaging		TR		9-13	